

Montana

School Health Education Profile

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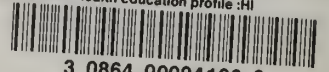
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1994 SCHOOL HEALTH EDUCATION PROFILE
HIV/STD EDUCATION PROGRAM
MONTANA OFFICE OF PUBLIC INSTRUCTION

December 1994

Submitted to:
Montana Office of Public Instruction
HIV/STD Education Program
State Capitol
Helena, Montana 59620-2501

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I. INTRODUCTION

The Montana Office of Public Instruction's (OPI) HIV/STD Education Program, through a cooperative agreement with the Division of Adolescent and School Health (DASH), National Center for Chronic Disease Prevention and Health Promotion, U.S. Centers for Disease Control and Prevention (CDC), provides assistance to schools and other youth service agencies to strengthen comprehensive school health education to prevent human immunodeficiency virus (HIV) infection, sexually transmitted diseases (STD), and other important health-risk behaviors and problems. Specific activities that OPI is responsible for under the cooperative agreement include:

- establish, strengthen, or expand HIV prevention education, especially in grades nine through twelve, and integrate such education into existing health education;
- establish, strengthen, or expand STD prevention education and integrate such education into existing health education;
- establish, strengthen, or expand education intended to prevent or reduce tobacco use, sedentary lifestyles, and dietary patterns that result in disease and integrate such education into comprehensive school health education;
- establish or strengthen systematic procedures to monitor current status of health education and of behaviors that put youth at risk for important health problems;
- evaluate program effectiveness in meeting objectives;

- collaborate with school districts, state and local health organizations, and other appropriate organizations and individuals to develop, implement, and evaluate HIV and STD prevention education activities; and
- share information about effective programs and materials with CDC and with other interested recipients through electronic databases, bulletin boards, national conferences, and participation in CDC-sponsored training and demonstration workshops.

Program requirements call for monitoring (at least every two years) the number and percentage of schools that provide education to prevent important health-risk behaviors as part of a comprehensive school health program, and the number and percentage of students at each grade level that receive such education as part of comprehensive school health education.

In July 1993, OPI contracted with Dodge Data Systems, Inc. of Helena to conduct a survey of Montana school administrators and lead health educators to fulfill the requirements of the DASH program and to gather information regarding the status of HIV education in Montana. The School Health Education Profile was conducted in March 1994 with all seventh and eighth grade schools and high schools in Montana that had an enrollment of 25 or more students. Approximately 80 percent of the eligible schools responded to the survey.

This report discusses the "best practice" indicators of what makes a health enhancement program effective. Health enhancement, the term used in the Montana School Accreditation Standards and Procedures, is synonymous with comprehensive school health education; the terms are used interchangeably in this report. The indicators

discussed in this report can guide health enhancement program development toward achieving best practice.

This report is divided into three sections:

- **Infrastructure** which addresses those areas providing the foundation for program development,
- **Organization** which deals with how the program is organized and implemented by school administration and teaching staff, and
- **Support** which includes ongoing staff development, community involvement and additional resources.

Survey results related to the infrastructure, organization, and support of school health education are presented in three parts: 1) an overview of the importance of each area, 2) summary statements from the U.S. Centers for Disease Control related to the rationale supporting the development of the questionnaire, and 3) highlights of the 1994 Montana School Health Education Profile Survey.

Appendices A and B to this report contain the responses to the questionnaires and the frequency distributions for middle and high schools principals. Appendices C and D contain frequency distributions to questionnaires completed by middle and high school lead health education teachers.

II. SURVEY METHODS

DESCRIPTION OF SCHOOL HEALTH EDUCATION PROFILE

The 1994 School Health Education Profile Survey consisted of two questionnaires, one for principals and one for lead health education teachers. The principal's questionnaire examined health education and HIV education from an administrative perspective, while the lead health educator's survey looked at health education from an instructional viewpoint. The surveys were developed cooperatively by the Centers for Disease Control (CDC) and state and local departments of education to monitor the status of school health education, including education to prevent HIV infection, sexually transmitted diseases, and other important health problems at the middle and senior high school levels in Montana. The 1994 survey instruments consisted of 23 questions related to administration of health education and 25 questions related to instruction.

SAMPLE SELECTION PROCESS

All public and private schools in Montana with students in grades 6 through 12 and with 25 or more students in the school were eligible to be selected for inclusion in the sample. Three hundred twelve schools elected to participate in the survey. The weighted results presented in this report are based on the opinions of the principals and lead health educators participating in the sample; however, the results can be used to make inferences concerning health education in all schools in Montana with 25 or more students.

Superintendents of school districts were contacted during November 1993 to obtain

approval to approach principals of schools about the survey. Sufficient time was allowed to gain school board approval and to answer any questions about the survey. Surveys were administered during March 1994 and returned to OPI for further processing.

SURVEY VALIDITY AND LIMITATIONS

A weighting procedure was performed to reduce bias by compensating for differing patterns of nonresponse and to reflect the likelihood of sampling each school. The weighted results contained in this report can be used to make inferences concerning health education in Montana schools with grades 6 through 12 and an enrollment of 25 or more students. The estimated error rate, using a normal approximation, is less than 5 percent.

III. SCHOOL HEALTH EDUCATION PROFILE

COMPREHENSIVE SCHOOL HEALTH EDUCATION

Establishing school health programs to prevent important health problems and health risk behaviors among youth is an important component in the development of comprehensive school health education. Local education agencies should plan, implement and periodically evaluate their district's health enhancement program to ensure the program provides the skills young people need to reduce or prevent health problems. Effective comprehensive school health education should focus on reducing behaviors that place youth at risk for important health problems, which include sexual behaviors that lead to HIV infection, other STDs and unintended pregnancies; tobacco use; sedentary lifestyles; improper nutrition; intentional and unintentional injuries; and alcohol and other drug use.

Key elements of a local education agency's plan for implementing comprehensive school health education should include:

- **Policy:** adopting and implementing age and developmentally appropriate comprehensive school health education in all grades served by the local education agency.
- **Curriculum:** developing, strengthening and implementing planned, sequential, skills-based comprehensive school health curricula intended to prevent behaviors that will result in health risk behaviors among youth. Curricula should conform to accepted practice guidelines and have credible evidence of effectiveness in impacting the health behaviors of young people.

- **Teacher Training:** providing staff development for teachers to acquire the skills they need for effectively delivering skills-based health education curriculum.
- **Classroom Implementation:** working toward the effective delivery of comprehensive school health education curricula in the classroom.

CDC's operational definition of a comprehensive school health education program includes the following key elements:

1. a documented, planned, and sequential program of health education for students in grades kindergarten through twelve;
2. a curriculum that addresses and integrates education about a range of categorical health problems and issues (e.g., HIV infection, drug abuse, drinking and driving, emotional health, environmental pollution) at developmentally appropriate ages;
3. activities to help young people develop the skills they will need to avoid: (a) behaviors that result in unintentional and intentional injuries; (b) drug and alcohol abuse; (c) tobacco use; (d) sexual behaviors that result in HIV infection, other sexually transmitted diseases, and unintended pregnancies; (e) imprudent dietary patterns; and, (f) inadequate physical activity;
4. instruction provided for a prescribed amount of time at each grade level;
5. management and coordination in each school by an education professional trained to implement the program;
6. instruction from teachers who have been trained to the subject;
7. involvement of parents, health professionals, and other concerned community members; and

8. periodic evaluation, updating, and improvement.

This definition distinguishes effective skills-based HIV/AIDS education and comprehensive school health education programs from HIV/AIDS awareness presentations and superficial health courses.

To determine the extent and quality of school health and HIV education in Montana, OPI conducted a survey of all schools with 25 or more students providing education to students in grades six through twelve. The 1994 Montana School Health Education Profile asked school principals and lead health educators questions related to the implementation, organization, structure, and support of health education in their schools. In addition, questions were asked relating to whether health education was taught by personnel trained in health education, delivered primarily in classroom settings similar to other required courses, and whether they focused on skills necessary to avoid certain health risks.

The School Health Education Profile questionnaires for principals and lead health education teachers were developed by the Division of Adolescent and School Health, National Center of Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention in collaboration with representatives of state, local, and territorial departments of education.

SCHOOL HEALTH EDUCATION INFRASTRUCTURE IN MONTANA

Overview

Successful educational programs need an infrastructure within which the program operates. The infrastructure includes subject requirements, credentialing, numbers of students per class, and curriculum and assessment development. Infrastructure provides communities with the foundation from which programs can be developed to meet the particular needs and values of the community.

CDC Rationale

The following items relate to the rationale for infrastructure questions asked of school principals in the 1994 School Health Education Survey:

- *Information on implementation of health education policies at the school level is nearly non-existent. The extent to which health education is required in the nation's schools and in what grades it is taught will help monitor progress on national health objective 8.4 - to increase to at least 75 percent the proportion of the Nation's elementary and secondary schools that provide planned and sequential kindergarten through 12th grade quality school health education (U.S. Department of Health and Human Services, 1990).*
- *The amount of classroom instruction devoted to health education is an important variable in determining the level and quality of health education in the Nation's schools. The School Health Education Evaluation found that 40 to 50 classroom hours were necessary to affect behavior change (Connel, Turner, and Mason, 1985). The American School Health Association recommends that elementary and middle school students receive 50 hours of health education and secondary students receive 150 hours of health education (Allensworth, 1993).*
- *In addition to the amount of classroom training, it is important to measure to what extent health education has similar academic expectations as other academic courses and to what extent students are exempted from required health education. One important indicator of quality school health education is that student performance is assessed in a manner similar to other academic subjects (DeFries et al., 1990). Having academic standards for health education comparable to other academic subjects will enhance the likelihood that schools will make a similar commitment of resources and personnel (Lavin, 1993). Furthermore, monitoring the extent to which*

exemption for other school activities results in student's lack of participation in required health education classes can facilitate the development of school policies that ensure student participation in required health education.

- *Certification or endorsement as a health educator typically requires specific training at the pre-service level and mandates continuing education. Health education taught by certified teachers is critical to the effectiveness of school health education curricula (Allensworth, 1993).*
- *Academic success is linked to physical and emotional health. Children must be healthy to learn and must be educated to stay healthy. As the school reform movement progresses, including health education in the school improvement plan facilitates its integration into the broader mission of schools (McGinnis & Degraw, 1991).*
- *The involvement of parents, community members, and other professionals is a key element of school health programs (Kolbe, 1993; Allensworth, 1993; Seffrin, 1990). Advisory councils can facilitate access to community resources and provide support for health education in schools.*
- *Effective HIV education and services in school settings are shaped by the development and implementation of policies that are responsive to the needs of the community and provide a sound basis for educational practices.*

The rationale for infrastructure questions asked of lead health educators in the 1994

School Health Education Survey are highlighted in the following:

- *School health education is facilitated by the use of teachers who have health education as a primary responsibility (Butler, 1993). Health education assignments also may indicate the level of support for health education.*
- *Certification or endorsement as a health educator typically requires specific training at the pre-service level and mandates continuing education. Health education taught by teachers trained through pre-service and continuing education programs is critical to the effectiveness of school health education curricula (Allensworth, 1993; Butler, 1993). The school Health Education Evaluation Study found that teacher training was linked to successful program implementation and effectiveness of the health education curriculum (Connell, Turner, and Mason, 1985).*
- *Expertise in developing and implementing complex curricula to increase knowledge, change attitudes, and develop skills to enhance healthy behavior requires experienced teachers who have been trained in health*

education methodology, theory, and practice (Allensworth, 1993). Lack of adequately trained or inexperienced teachers are major barriers to the implementation of school health education (Butler, 1993).

1994 Montana Survey Results

A profile summary of the infrastructure of health education in Montana schools as reported by principals and lead health educators is listed in Table 1 (High Schools) and Table 2 (Middle Schools). The main characteristics of school infrastructures in Montana are:

- Most schools teach required health education in conjunction or integrated with other subjects.
- Required health education is usually scheduled in grades nine or ten (high school) and seven or eight (middle school).
- Students are required to take one year or less of health education in 73 percent of Montana high schools and 70 percent of Montana middle schools.
- All Montana health education teachers are required to be certified by the Office of Public Instruction.
- Most often mentioned HIV/AIDS issues addressed in written policies include instructions for handling body fluids, teacher training in HIV/AIDS education, and plans to accommodate HIV infected students and staff (see Figure 1).
- The major emphasis of professional preparation for health teachers is physical education.
- Forty-five percent of lead high school health educators and 43 percent of middle school health educators have taught health education for 10 or more years.

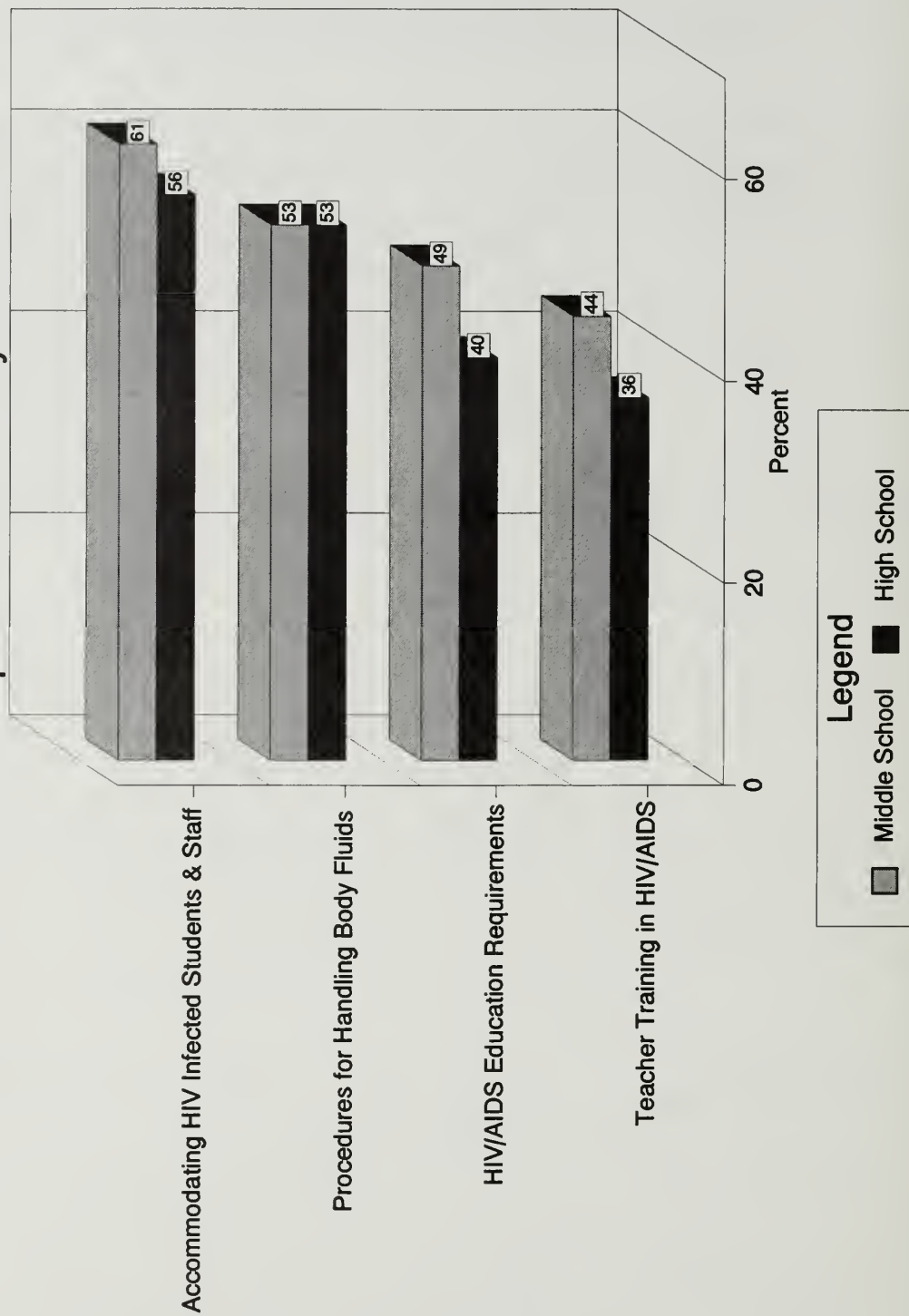
TABLE 1
MONTANA HIGH SCHOOL HEALTH EDUCATION -
INFRASTRUCTURE PROFILE

Profile Characteristic	High School Profile
Placement of required health education?	Most Montana high schools (83 percent) teach required health education in conjunction with other health enhancement topics such as physical education. Seventeen percent of Montana high schools have separate courses devoted mainly to health education topics.
Separate health courses required?	Sixty-nine percent of Montana high schools do not have <u>separate</u> required health education courses. Twelve percent have one separate required health education course while 14 percent have two separate health education courses.
In which grades is required health education scheduled?	Ninety-one percent of Montana high schools schedule required health education in grades nine and ten.
How much required classroom instruction in health ed do students usually take?	Most high school students (73 percent) take one year or less of required instruction in health education. An additional 19 percent of the schools have students enrolled for up to two years.
If students fail a required health education course, do they usually take the course over again?	Eighty-five percent of Montana high schools require students to re-take failed health education courses.
For what reasons are high school students exempted or excused from required health education?	Forty-nine percent of Montana high schools reported not allowing any exemptions to required health education. In the remaining schools, parental request was the most often used excuse for students being exempted from selected components of health education.
Does your school have an improvement plan that includes goals or objectives for health education?	One in three Montana high schools (38 percent) do <u>not</u> have a school improvement plan. Fifty-eight percent have improvement plans that include health education goals and objectives.
Who belongs to your health education advisory council?	Two of three (67 percent) high schools in Montana do not have a health education advisory council. For those with councils, teachers, administrators, counselors, and parents are represented most often.
Which issues are most often addressed in school's formally adopted, written policy on HIV/AIDS?	Instructions for properly handling blood and body fluids, teacher training in HIV/AIDS education, plans to accommodate HIV infected students and staff, and HIV/AIDS education requirements were the most often mentioned issues.
Lead health educators primary position?	Forty-nine percent of lead health educators are physical education teachers. Seventeen percent are primarily health education teachers.
Major emphasis of professional preparation?	Sixty-one percent of high school lead health education teachers reported physical education as their major emphasis.
Teaching experience?	Forty-five percent of high school lead health education teachers have taught health education 10 or more years. Nine percent reported the current year as their first year of teaching health education.

TABLE 2
MONTANA MIDDLE SCHOOL HEALTH EDUCATION -
INFRASTRUCTURE PROFILE

Profile Characteristic	Middle School Profile
Placement of required health education?	Most Montana middle schools (65 percent) teach health education in conjunction with or integrated into other health enhancement topic areas. Twenty-eight percent of middle schools have separate courses devoted mainly to health education.
In which grades is required health education scheduled?	Ninety percent of Montana middle schools schedule required health education in grades seven and eight. Forty-six percent of the middle schools also schedule required health education in the sixth grade.
How much required classroom instruction in health ed do students usually take?	Most middle school students (69 percent) take one year or less of required instruction in health education. An additional 18 percent of the schools require classroom instruction for up to two years.
If students fail a required health education course, do they usually take the course over again?	Twenty-nine percent of Montana middle schools require students to re-take failed health education.
For what reasons are middle school students exempted or excused from required health education?	Thirty-seven percent of Montana middle schools reported not allowing any exemptions to required health education. In the remaining schools, parental request was the most often used excuse for students being exempted from selected components of health education.
Does your school have an improvement plan that includes goals or objectives for health education?	One in three Montana middle schools do <u>not</u> have a school improvement plan. Fifty-five percent have improvement plans that include health education goals and objectives.
Who belongs to your health education advisory council?	Fifty-nine percent of middle schools in Montana do not have a health education advisory council. For those with councils, teachers, administrators, counselors, and parents are represented most often.
Which issues are most often addressed in school's formally adopted, written policy on HIV/AIDS?	Instructions for properly handling blood and body fluids, teacher training in HIV/AIDS education, plans to accommodate HIV infected students and staff, and HIV/AIDS education requirements were the most often mentioned issues.
Lead health educators primary position?	Thirty-five percent of lead health educators are physical education teachers. Thirteen percent are health education teachers.
Major emphasis of professional preparation?	Fifty-two percent of middle school lead health education teachers reported physical education as their major emphasis.
Teaching experience?	Forty-three percent of middle school lead health education teachers have taught health education 10 or more years. Seven percent reported the current year as their first year of teaching health education.

Figure 1
Issues Addressed in Adopted School Policy on HIV



SCHOOL HEALTH EDUCATION ORGANIZATION IN MONTANA

Overview

Successful educational programs have a system of organization provided by the school administration. This program organization determines the scope of courses and programs, and how they are coordinated and implemented by teachers. The teachers develop classes and programs which impact knowledge, attitude and behavior. The effective and adequate implementation of this component leads to students with critical thinking skills regarding the personal and social responsibility for health for themselves and their community.

CDC Rationale

The following items relate to the rationale for organizational questions asked of school principals in the 1994 School Health Education Survey:

- *The extent to which elective health education courses are offered in lieu of a requirement for health education or in addition to a required course is an important measurement of the commitment of local school districts to health education.*
- *A key element of school health education is management and coordination of the program by a professional who is trained in health education (National Commission on the Role of the School and the Community in Improving Adolescent Health, 1989).*
- *The achievement of national health objective 18.10 (to increase to at least 95 percent the proportion of schools that have age-appropriate HIV education curricula for students in 4th through 12th grade) should be an important goal of all local school health education programs.*
- *The extent to which schools provide opportunities for students to attend health education classes that are comparable in size to other academic subjects and the extent to which elective courses are used in place of or to supplement required health education is another important measure of a district's commitment to quality comprehensive school health education.*
- *A documented, planned, and sequential program of health education for students is a key element of school health education (Allensworth and*

Kolbe, 1987; National Association of School Boards of Education, 1989). The School Health Education Evaluation Study found that full implementation of planned curriculum was linked directly to changes in students' attitudes and behaviors (Connell, Turner, and Mason, 1985).

The rationale for organizational questions asked of lead health educators in the 1994 School Health Education Survey are highlighted in the following:

- The extent to which classroom health education is reinforced by other activities in the school setting also is an important measurement of resource commitment to health education. While an integrated, comprehensive classroom approach to health education is crucial, the reinforcement of messages about healthy behavior is enhanced by multiple learning opportunities outside the classroom (Allensworth, 1993).*
- The use of peer educators is an effective tool in health education (Allensworth, 1993). As a part of health education, peer educators may address attitudes and model behaviors in a manner that is more acceptable to students.*
- Measurement of the prevalence of risk behaviors that constitute the leading causes of morbidity and mortality for youth: (1) behaviors that result in unintentional and intentional injuries, (2) tobacco use, (3) alcohol and other drug use, (4) sexual behaviors that result in sexually transmitted diseases, HIV, or unintended pregnancies, (5) dietary behaviors, and (6) physical activity (Kolbe, 1993). These questions measure how these topics are addressed in health education and will help monitor progress in achieving the following national health objectives:*

2.19 *Increase at least 75 percent the proportion of the Nation's schools that provide nutrition education from preschool through 12th grade, preferably as part of quality school health education;*

3.10 *Establish tobacco-free environments and include tobacco use prevention in the curricula of all elementary, middle, and secondary schools, preferably as part of quality school health education;*

4.13 *Provide to children in all school districts and private schools primary and secondary school educational programs on alcohol and other drugs, preferably as part of quality school health education;*

5.8 *Increase to at least 85 percent the proportion of people aged 10 to 18 who have discussed human sexuality, including values surrounding sexuality, with their parents and/or have received information through another parental endorsed source, such as youth, school, or religious programs;*

7.16 *Increase to at least 50 percent the proportion of elementary and secondary schools that teach nonviolent conflict resolution skills, preferably as part of quality school health education;*

9.18 *Provide academic instruction on injury prevention and control, preferably as part of quality school health education, in at least 50 percent of public school systems (grades K through 12);*

18.10 *Increase to at least 95 percent the proportion of schools that have age-appropriate HIV education curricula for students in 4th through 12th grade, preferably as part of quality school health education;*

19.12 *Include instruction in sexually transmitted disease transmission prevention in the curricula of all middle and secondary schools, preferably as part of quality school health education.*

- *In addition, the achievement of National Education Goal 6, which states that by the year 2000, every school in America will be free of drugs and violence will offer a disciplined environment conducive to learning. Furthermore, monitoring the American Cancer Society's Measures of Success in Comprehensive School Health Education for tobacco education and nutrition education will also contribute to measuring a learning environment.*
- *Results from the national Youth Risk Behavior Survey indicate that high school students are at risk for HIV infection through their sexual behavior and drug use (MMWR, Dec 18, 1992). The need for effective HIV education is recognized in national health objective 18.10, which calls for increasing to at least 95 percent the proportion of schools that have age-appropriate HIV education curricula for students in 4th to 12th grade, preferably as part of quality school health education (U.S. Department of Health and Human Services, 1990).*

1994 Montana Survey Results

Organizational highlights of the 1994 Montana School Health Education Profile Survey are presented in Table 3 (High Schools) and Table 4 (Middle Schools). The organization of school health education in Montana is featured by the following characteristics:

- Forty-five percent of Montana high schools offer elective or non-required health courses. Family life education/skills were the most often mentioned elective courses offered.

- Forty percent of Montana high schools and middle schools use trained peer educators.
- High school and middle school health education class sizes usually fall between 15 and 29 students. About 10 percent of the schools reported that their class sizes were 30 students or larger.
- Major topics taught to increase student's knowledge about healthy behaviors include alcohol, drug and tobacco use prevention, dietary behavior, and HIV and injury prevention.
- A majority of high school and middle school lead health educators use commercially developed health education materials (see Figure 2).
- Ninety-eight percent of Montana high schools and 88 percent of Montana middle schools teach about HIV/AIDS in their classes (see Figure 2).

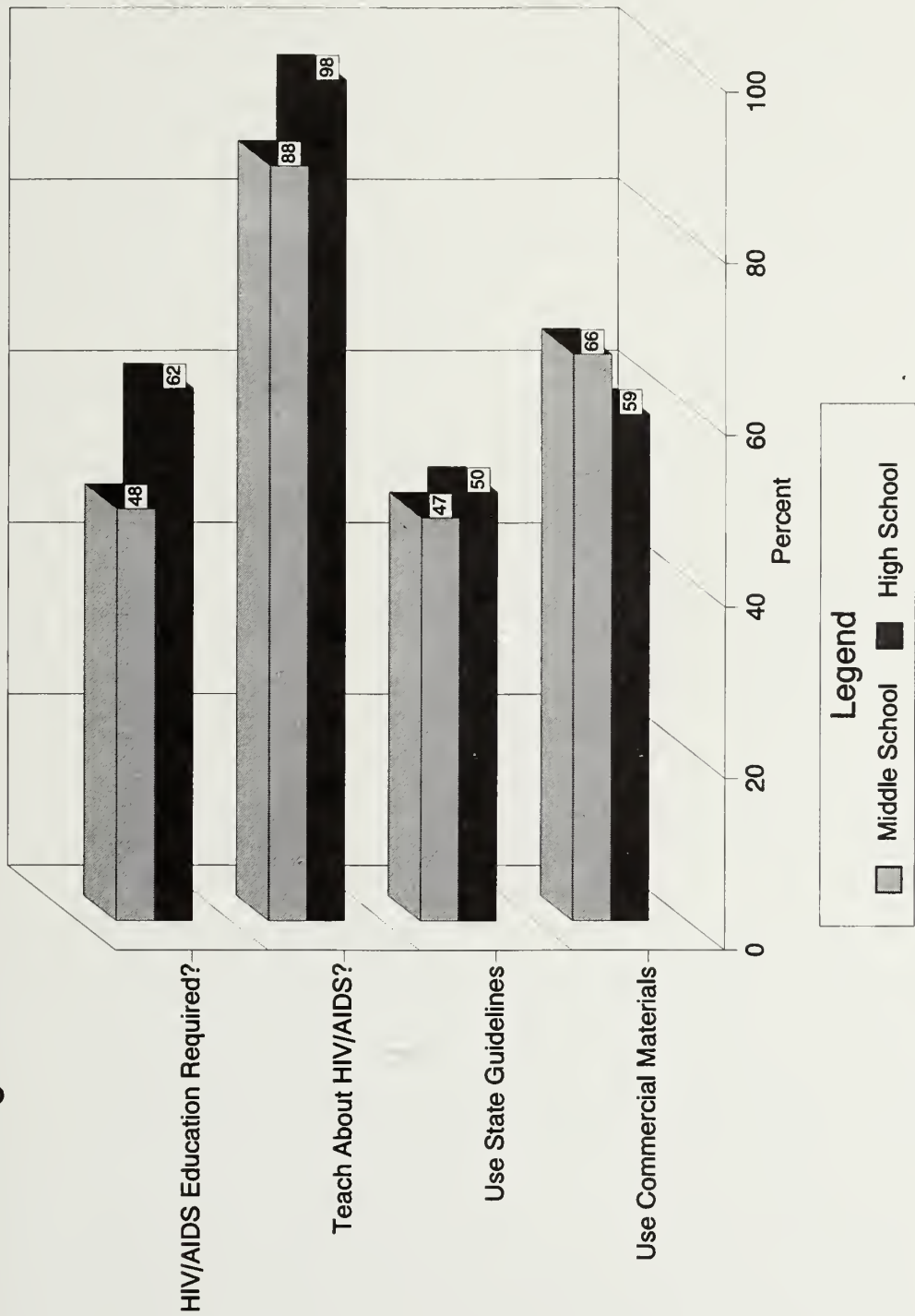
TABLE 3
MONTANA HIGH SCHOOL HEALTH EDUCATION -
ORGANIZATION PROFILE

Profile Characteristic	Montana High Schools
Elective or non-required health courses?	Family life education/life skills were the most often mentioned elective high school courses offered (36 percent). Fifty-five percent of high schools did not offer additional courses.
Health activities offered in addition to class instruction?	Guest presentations, school newspaper articles, and fitness were the most often mentioned activities. Fitness and intramural activities were offered in nearly one-third of Montana high schools.
How do you use trained peer educators?	Forty-one percent of the responding high schools indicate that they use peer educators. Discussion groups, assembly programs, and health education classes were cited as being the most often used methods for using peer educators.
Coordination of health education?	School health education coordinator/department head is responsible for coordinating health education in 35 percent of Montana high schools.
In what subjects is required HIV/AIDS education taught and in what grades?	HIV/AIDS education is mostly taught in high school health education classes (85 percent of schools). The lessons are taught about equally in 9th and 10th grades (77 percent each). Thirteen percent of the schools reported teaching required HIV/AIDS education in the 11th and 12th grades.
What is the average health education class size?	High school class sizes were split about equally between 15-19 students, 20-24 students, and 25-29 students. Ten percent of the lead teachers responded that their class sizes were 30 or more students and 15 percent reported their class sizes were 10 to 14 students.
What materials do you use to plan health education lessons?	Fifty-nine percent of high school lead health educators in Montana use commercially developed health education materials. Fifty percent use state guidelines or framework for health education.
On what topics do you teach to increase student's knowledge about healthy behaviors?	Alcohol, drug and tobacco use prevention, physical activity, dietary behavior, HIV prevention, and injury prevention were the most often mentioned topics.
On what topics do you teach to improve student's attitudes toward healthy behaviors?	Alcohol, drug and tobacco use prevention, physical activity, dietary behavior, HIV prevention, and injury prevention were the most often mentioned topics.
On what topics do you teach skills to increase health behaviors?	Skills in physical activity, alcohol, drug, and tobacco use prevention were the most often mentioned skills. HIV prevention skills were also mentioned, but not at the level of attitude and knowledge.
HIV/AIDS education in your school?	Ninety-eight percent of Montana high school lead health educators teach about HIV/AIDS in their classes. Basic facts and statistics about HIV/AIDS, knowledge about sexual behavior and needle sharing behaviors, reasons for choosing sexual abstinence, and the influence of alcohol and drugs on HIV risk behaviors were the most often mentioned topics covered. HIV/AIDS education is required in about 62 percent of Montana high schools.

TABLE 4
MONTANA MIDDLE SCHOOL HEALTH EDUCATION -
ORGANIZATION PROFILE

Profile Characteristic	Montana Middle Schools
Elective or non-required health courses?	Family life/life skills and alcohol and drug education were the most often mentioned elective middle school courses offered. Sixty-seven percent of middle schools did not offer additional courses.
Health activities offered in addition to class instruction?	Guest presentations and fitness were the most often mentioned activities. Fitness and intramural activities were available in nearly one-half of Montana middle schools.
How do you use trained peer educators?	Forty percent of the responding middle schools indicate that they use peer educators. Discussion groups, assembly programs, and health education classes were cited as being the most often used method for using peer educators.
Coordination of health education?	School health education coordinator/department head is responsible for coordinating health education in 27 percent of the schools.
In what subjects is required HIV/AIDS education taught and in what grades?	HIV/AIDS education is mostly taught in middle school health education classes (75 percent of schools). The lessons are taught about equally in 7th and 8th grades (70 percent each). Twenty-nine percent of the schools reported teaching required HIV/AIDS education in the 6th grade.
What is the average health education class size?	Middle school class sizes were split about equally between 15-19 students, 20-24 students, and 25-29 students. Eleven percent of the lead teachers responded that their class sizes were 30 or more students and 11 percent indicated that their class sizes were 10 to 14 students.
What materials do you use to plan health education lessons?	Sixty-six percent of middle school lead health educators in Montana use commercially developed materials. Forty-seven percent use state guidelines or framework for health education.
On what topics do you teach to increase student's knowledge about healthy behaviors?	Alcohol, drug and tobacco use prevention, physical activity, HIV prevention, and injury prevention were the most often mentioned topics.
On what topics do you teach to improve students' attitudes toward healthy behaviors?	Alcohol, drug and tobacco use prevention, physical activity, HIV prevention, and injury prevention were the most often mentioned topics.
On what topics do you teach skills to increase health behaviors?	Skills in alcohol, drug, and tobacco use prevention were the most often mentioned skills. HIV skills were also mentioned, but not at the level of attitude and knowledge.
HIV/AIDS education in your school?	Eighty-eight percent of Montana middle school lead health educators teach about HIV/AIDS in their classes. Basic facts and statistics about HIV/AIDS, knowledge about sexual behavior and needle sharing behaviors, and reasons for choosing sexual abstinence were the most often mentioned topics covered. HIV/AIDS education is required in about 48 percent of Montana middle schools.

Figure 2
Organization of Health Education in Montana Schools



SCHOOL HEALTH EDUCATION SUPPORT IN MONTANA

Overview

Successful educational programs have a base of support which includes school administration, parents and community-based agencies and organizations. This system of support provides continuity for the program, ensures cooperation and collaboration between the school and other health-related resources, and enhances a consistent health message for youth from a variety of sources.

CDC Rationale

The following items relate to the rationale for support questions asked of school principals in the 1994 School Health Education Survey:

- *Continuing education in areas congruent with curriculum and student needs is a key element of quality school health education curriculum. The School Health Education Evaluation Study found that appropriate inservice training enhanced the implementation and effectiveness of health education (Connell, Turner and Mason, 1985).*
- *Awareness of content that parents find objectionable will help school administrators and health educators present health education in ways that will encourage their support. Parental involvement is a key element of school health programs (Kolbe, 1993).*
- *The extent to which schools are providing selected components of comprehensive school health programs: health education, health services, healthy school environment, psychological counseling and social services, food service, physical education and activity, and health promotion for faculty and staff is an important measure of local support of health education. Substantial reinforcement of health education messages outside the classroom will increase the effectiveness of classroom health education in reducing risk behaviors (Allensworth, 1993).*
- *Educational activities for parents help facilitate their support and commitment to HIV education. Additionally, educational programs for parents enable them to make informed contributions to students' HIV education and help ensure its appropriateness by parental standards.*

The rationale for support questions asked of lead health educators in the 1994 School Health Education Survey are highlighted in the following:

- *A key element of school health education is the involvement of parents, whose support is critical in providing students with multiple exposure to consistent messages about health (Kolbe, 1993; Allensworth, 1993).*
- *The extent to which inservice training is being provided in critical areas of health education is an important aspect in supporting staff in health education. Effective implementation of school health education is linked directly to adequate teacher training programs. For example, the School Health Education Evaluation Study found that teacher training contributed to fidelity of program implementation and increased effectiveness of the curriculum (Connell, Turner, and Mason, 1985). School health education programs designed to decrease students' participation in risk behaviors requires that teachers have appropriate training to develop and implement school health education curricula (Allensworth, 1993).*
- *Parents are a crucial source of information on the needs of their children, and parental involvement in health education is a source of further reinforcement for health behaviors (Kolbe, 1993; Allensworth, 1993). Therefore, awareness of the content areas that parents find objectionable will help school administrators and health educators more effectively present health education to parents in ways that will encourage their support. Additionally, incorporation of parental feedback into health education to better meet the needs of students also may result in greater parental support.*
- *Coordination of health education within individual schools and throughout districts will help ensure that a planned and sequential program of school health education is delivered to students. Planning within and among schools also indicates support for health education.*
- *The extent to which health education works cooperatively with the other components of school health: health services; healthy school environment; psychological counseling and social services; food service; physical education and physical activity; health promotion for faculty and staff; and integrated efforts of schools and communities to improve health is an important measure of the support for health staff (Allensworth and Kolbe, 1987; Kolbe, 1993).*
- *The health education teacher deals with sensitive topics and often may become aware of students' needs for a variety of related services. The extent to which health education teachers at the school level are resource persons for other related social and health services is an important measure of how health educators support other health services.*

1994 Montana Survey Results

Support highlights of the 1994 Montana School Health Education Profile Survey are presented in Table 5 (High Schools) and Table 6 (Middle Schools). The support of school health education in Montana is featured by the following characteristics:

- Ninety percent of Montana high schools and middle schools offer support for inservice training.
- Over one-half of Montana high schools and middle schools reported receiving parental feedback about health education (see Figure 3).
- Thirty-five percent of Montana high schools and 40 percent of the middle schools provide some type of HIV/AIDS education for parents (see Figure 3).
- Nearly two-thirds of Montana high schools and middle schools involve parents in health education classes.
- HIV/AIDS was the most often mentioned topic for inservice training among Montana lead health educators.
- Ninety-eight percent of Montana high schools and 88 percent of Montana middle schools teach about HIV/AIDS in their classes (see Figure 2).

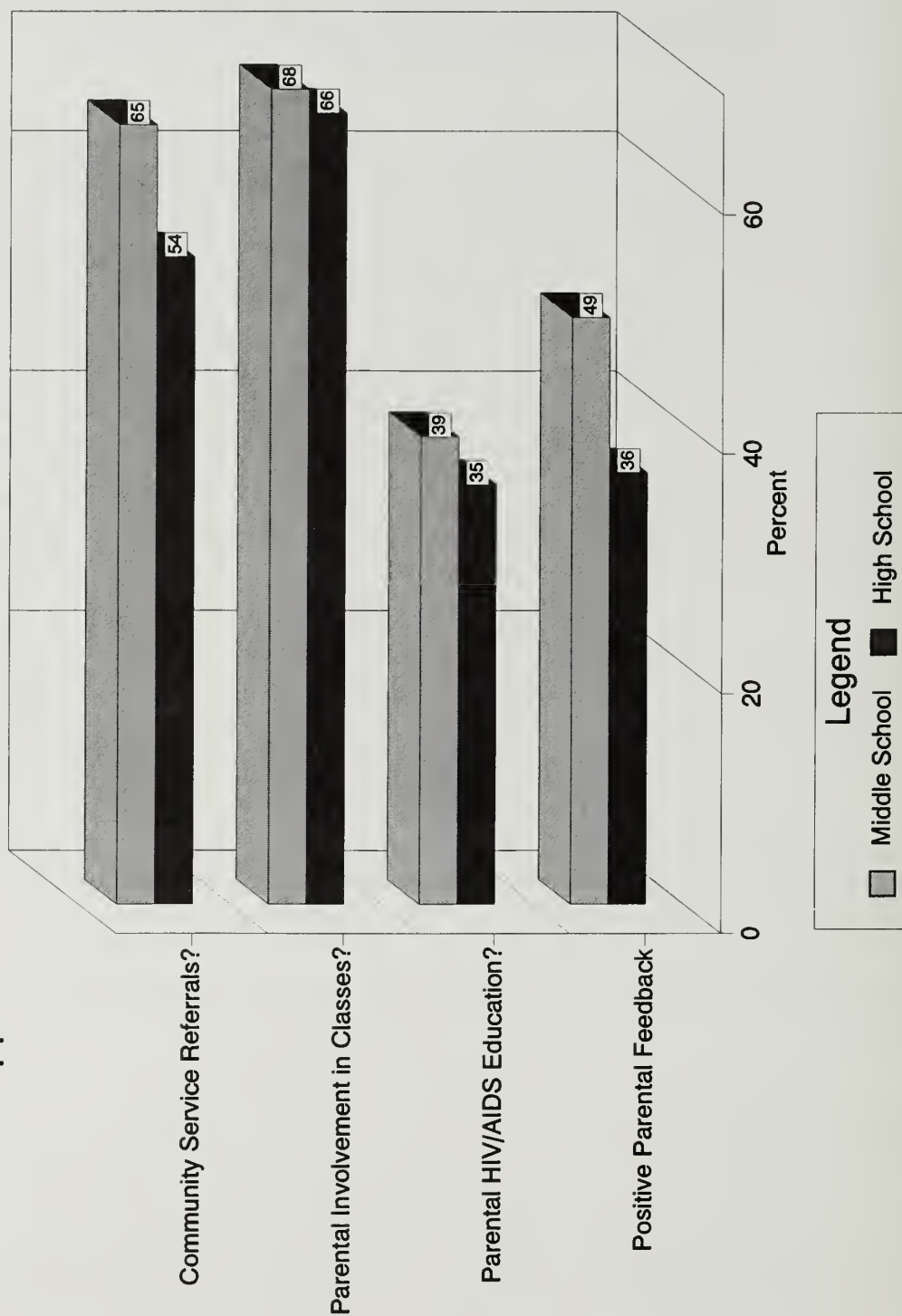
TABLE 5
MONTANA HIGH SCHOOL HEALTH EDUCATION -
SUPPORT PROFILE

Profile Characteristic	Montana High School Profile
How does your high school support inservice training in health education for teachers?	Ninety-two percent of Montana high schools offer support for inservice training. The most often mentioned item of support was providing substitute teachers during training. About one-half of high schools offer inservice training and reimbursement for training.
How would you describe parental feedback about health education?	Fifty-nine percent of Montana high schools reported receiving parental feedback about health education. Most of the feedback (74 percent) was positive in nature.
How does your high school provide reinforcement for healthy behaviors among students?	Smoke and drug-free school policies were the most often mentioned policies. Daily opportunities for physical activities and student counseling services were the next most often listed items.
How does your high school provide HIV/AIDS education for parents?	Thirty-five percent of Montana high schools provide some type of HIV/AIDS education for parents. Educational materials sent home, newsletters, and local PTAs were listed as the most important methods of contacting parents.
How are parents involved in health education classes?	Sixty-six percent of high school lead health educators involve parents in health education classes. The most often used methods are homework assignments, newsletters, and educational materials sent home. Fifteen percent of high school educators reported inviting parents to attend class or having parents as guest speakers in their classes.
Which topics have you received four or more hours of inservice training in the past two years?	HIV prevention was the most often mentioned topic (66 percent) for inservice training. Injury prevention and safety were the next most popular topics.
On which topics has parental feedback caused you to expand or restrict the content in your health education?	Over one-half (54 percent) of high school lead health educators reported receiving feedback from parents on health education. Content in pregnancy prevention, HIV prevention, and STD prevention were the most often mentioned topics to be expanded due to parental feedback. These same topics were also the most often mentioned in restricting content due to parental feedback.
In what areas have you conducted joint projects in health education?	Physical education is the most popular area for conducting joint projects. Next most important were school counseling and community health promotion. Thirty percent of high school lead health education teachers had not conducted joint projects.
How are high school lead health education teachers involved in making referrals for community services?	Fifty-four percent of high school lead health educators make referrals for community services. Social and medical services are the most common type of referrals.

TABLE 6
MONTANA MIDDLE SCHOOL HEALTH EDUCATION -
SUPPORT PROFILE

Profile Characteristic	Montana Middle School Profile
How does your middle school support inservice training in health education for teachers?	Ninety-one percent of Montana middle schools offer support for inservice training. The most often mentioned item of support was providing substitute teachers during training. About one-half of middle schools offer inservice training and reimbursement for training.
How would you describe parental feedback about health education?	Fifty-seven percent of Montana middle schools reported receiving parental feedback about health education. Nearly all of the feedback (90 percent) was positive in nature.
How does your middle school provide reinforcement for healthy behaviors among students?	Smoke and drug-free school policies were the most often mentioned policies. Daily opportunities for physical activities and student counseling services were the next most often listed items.
How does your middle school provide HIV/AIDS education for parents?	Forty percent of Montana middle schools provide some type of HIV/AIDS education for parents. Educational materials sent home, newsletters, and local PTAs were listed as the most important methods of contacting parents.
How are parents involved in health education classes?	Sixty-eight percent of middle school lead health educators involve parents in health education classes. The most often used methods are homework assignments, newsletters, and educational materials sent home. One in five (18 percent) middle school educators reported inviting parents to attend class or having parents as guest speakers in their classes.
Which topics have you received four or more hours of inservice training in the past two years?	HIV prevention was the most often mentioned topic (66 percent) for inservice training. Alcohol and drug use prevention were the next most popular topics.
On which topics has parental feedback caused you to expand or restrict the content in your health education?	Fifty-four percent of middle school lead health educators reported receiving feedback from parents on health education. Content in pregnancy prevention, HIV prevention, and STD prevention were the most often mentioned topics to be expanded due to parental feedback. These same topics were also the most often mentioned in restricting content due to parental feedback.
In what areas have you conducted joint projects in health education?	Physical education is the most popular area for conducting joint projects. Next most important were school counseling and community health promotion. Thirty percent of middle school lead health education teachers had not conducted joint projects.
How are middle school lead health education teachers involved in making referrals for community services?	Sixty-five percent of middle school lead health educators make referrals for community services. Social and medical services are the most common type of referrals.

Figure 3
Support for Health Education in Montana Schools



IV. CONCLUSIONS

Results of the 1994 School Health Education Profile indicate that:

- Most Montana high schools and middle schools teach required health education in conjunction with other subjects.
- The principal grades for teaching required health education are the 7th and 8th grades in middle schools and 9th and 10th grades in high school.
- Most Montana high schools and middle schools require one year or less of health education.
- HIV/AIDS prevention education is offered by nearly all of Montana high schools (98 percent) and middle schools (88 percent). This is nearly a 13 percentage point increase over the number of schools providing HIV/AIDS prevention education in the 1992 report.
- About one-half of Montana schools offer elective or non-required health education courses. In addition, nearly one-half of the schools use trained peer educators.
- A majority of Montana high school and middle school health educators use commercially developed education materials.
- Ninety percent of Montana high schools and middle schools offer support for inservice training.
- About two-thirds of Montana high schools and middle schools involve parents in HIV/AIDS education classes.

Past health education surveys have primarily focused on HIV/AIDS prevention education and not health education as a whole. The concept of health education as related to

comprehensive health enhancement seemed to confuse some survey participants. For example, all health educators teaching in Montana are required to be state certified as elementary teachers, as health teachers, or as physical education and health K-12 teachers; yet only 78 percent of Montana high school principals and 64 percent of middle school principals reported that all teachers with responsibilities for health education were state certified.

The survey data indicate that health enhancement is being taught as it is intended, that is, as an integrated curriculum. Core components of health enhancement are taught by health teachers or health and physical education teachers. Supplemental components of health enhancement may be taught by home economics teachers, biology teachers, school nurses, or social studies teachers. Health topics are being taught in curriculum areas by teachers who, in all likelihood, were not teaching health prior to the integrated health enhancement concept.

Although health enhancement is a required course for high school graduation, only 86 percent of high school principals reported requiring health education for graduation. This result may again be related to the term "health education" used in the survey and the term "health enhancement" used in accreditation standards.

The 1993 Montana Youth Risk Behavior Survey indicated that sexual activity among high school youth increases by approximately 50 percent between the ages of 15 and 17, yet during the junior and senior years in high school, students receive minimal HIV/STD prevention education. This most likely occurs because in most schools HIV prevention education is taught as part of the health curriculum, and a majority of the schools offer this curriculum during the ninth and tenth years. As Montana high school youth become

more sexually active during the eleventh and twelfth grades, they may need some additional training or reinforcement of training in HIV prevention.

Finally, the 1994 School Health Education Profile Survey indicated that nine of ten students in grades seven through ten are receiving education on HIV/AIDS prevention. However, many students are still at risk of HIV infection because they continue to practice health risk behaviors that can expose them to HIV. According to the 1993 Youth Risk Behavior Survey, 51 percent of Montana high school youth have engaged in sexual intercourse. Fifty percent of these students had more than one partner in the three months prior to the survey and one in three used alcohol and drugs prior to sexual intercourse. In Montana, one-half of sexually active teenagers do not use a condom during intercourse. The potential for contracting HIV or other sexually transmitted diseases remains high, and efforts should continue to educate youth regarding the negative consequences of these and other high-risk behaviors.

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APPENDIX A
HIGH SCHOOL PRINCIPALS SURVEY RESULTS

1994 SCHOOL HEALTH EDUCATION PROFILE

Questionnaire for High School Principals

This questionnaire was administered to 140 high school principals in Montana during March of 1994. Responses may not total 140 due to nonresponse and percents may not total 100 percent due to rounding. Percents are weighted to reduce bias by compensating for differing patterns of nonresponse.

Q-1 Which of the following describes the placement of required health education in your school? MARK ALL THAT APPLY.

	Number	Percent
A. Separate courses devoted mainly to health education topics	24	17.0%
B. Courses divided between health education and one other subject (such as health education and physical education)	115	83.0%
C. Units or lessons in health education integrated into other subjects (such as home economics, biology or other science, or physical education)	57	41.0%
D. Other	3	2.0%

n = 139

Q-2 How many separate health education courses (not health education units or lessons integrated in other subjects) are students usually required to take in your school? MARK THE ONE BEST ANSWER.

	Number	Percent
A. No separate health education courses required	51	69.0%
B. 1 course	9	12.0%
C. 2 courses	11	14.0%
D. 3 courses	4	5.0%
E. 4 courses	0	0.0%
F. More than 4 courses	0	0.0%

n = 75

Q-3 In which grade(s) is required health education usually scheduled in your school? MARK GRADES IN WHICH REQUIRED HEALTH EDUCATION USUALLY IS SCHEDULED.

	Number	Percent
A. 6th	24	17.0%
B. 7th	69	50.0%
C. 8th	66	48.0%
D. 9th	126	91.0%
E. 10th	126	91.0%
F. 11th	5	4.0%
G. 12th	4	3.0%
H. Other	5	4.0%

n = 139

Q-4 Is health education a graduation requirement for students in your school?

	Number	Percent
A. Yes	120	86.0%
B. No	16	12.0%
C. Not applicable	3	2.0%

n = 139

Q-5 All together, approximately how much required classroom instruction in health education do students usually take in your school? MARK THE ONE BEST ANSWER.

	Number	Percent
A. Less than 1/2 year	24	18.0%
B. 1/2 year	27	20.0%
C. 1 year	49	35.0%
D. 1 1/2 years	7	5.0%
E. 2 years	19	14.0%
F. 2 1/2 years	2	1.0%
G. 3 years	1	1.0%
H. 3 1/2 years	0	0.0%
I. 4 years	2	1.0%
J. More than 4 years	5	4.0%
K. Other	2	1.0%

n = 138

Q-6 If students fail a required health education course, do they usually take the course again?

	Number	Percent
A. Yes	117	85.0%
B. No	20	15.0%

n = 137

Q-7 For which of the following reasons are students in your school allowed to be exempted or excused from required health education or parts of required health education (e.g., sex education, HIV/AIDS education)? MARK ALL THAT APPLY.

	Number	Percent
A. Students may not be exempted or excused from health education	60	49.0%
B. By competency testing or proficiency-based promotion	1	1.0%
C. By participating in other courses or activities (e.g., advanced courses, band, sports, ROTC, etc.)	2	1.0%
D. By parental request	57	42.0%
E. Other	18	13.0%

n = 138

Q-8 During this school year, approximately what percent of your students were exempted or excused from any part of required health education by parental request?

	Number	Percent
A. Students may not be exempted or excused by parental request	63	52.0%
B. Less than 1%	47	39.0%
C. 1% to 5%	9	7.0%
D. 6% to 10%	0	0.0%
E. 11% to 20%	0	0.0%
F. 21% to 50%	0	0.0%
G. More than 50%	0	0.0%
H. Don't know	3	2.0%

n = 122

Q-9 Which of the following does your school offer as elective or additional courses in health education that are not required? MARK EACH THAT IS A SEPARATE COURSE.

	Number	Percent
A. No elective or additional courses in health education	76	55.0%
B. General health education course	5	4.0%
C. Alcohol/other drug education course	13	9.0%
D. Human sexuality course	13	9.0%
E. Family life education/life skills course	51	36.0%
F. HIV/AIDS education course	10	7.0%
G. Violence prevention course	3	2.0%
H. Other	7	5.0%

n = 139

Q-10 Which of the following health education activities does your school offer in addition to class instruction? MARK ALL THAT APPLY.

	Number	Percent
A. Guest presentations/assembly programs	115	83.0%
B. Health fairs	18	13.0%
C. Youth (teen) theater	8	6.0%
D. School newspaper articles	54	39.0%
E. Peer education or mentoring	23	16.0%
F. Health education or wellness clubs	13	9.0%
G. Fitness activities for charitable organizations (e.g., Jump Rope for Heart)	50	36.0%
H. Intramural fitness activities	48	34.0%
I. Other	7	5.0%
J. No additional activities offered	9	7.0%

n = 139

Q-11 How does your school use trained peer educators (same age or older than your students) to help teach about health? MARK ALL THAT APPLY.

	Number	Percent
A. In health education classes	21	15.0%
B. In assembly programs	25	18.0%
C. In health fairs	3	2.0%
D. In discussion or support groups outside class	30	22.0%
E. Other	3	2.0%
F. My school does not use peer educators	80	59.0%

n = 135

Q-12 Who coordinates health education among teachers with health education responsibilities in your school? MARK ALL THAT APPLY.

	Number	Percent
A. No health education coordinator	40	29.0%
B. School building health education coordinator/department head	50	35.0%
C. School building general curriculum coordinator	22	16.0%
D. District health education coordinator	7	5.0%
E. District general curriculum coordinator	22	15.0%
F. Other	26	19.0%

n = 140

Q-13 How does your school or district support inservice training or staff development in health education for teachers? MARK ALL THAT APPLY.

	Number	Percent
A. No support for inservice training	11	8.0%
B. Stipend for attending training	24	17.0%
C. Reimbursement for training expenses	75	54.0%
D. Substitute teachers during training	95	68.0%
E. Inservice training offered at school or in district	71	50.0%
F. Other	1	1.0%

n = 140

Q-14 Are all teachers with responsibilities for health education in your school certified or endorsed in health education by your state education agency? MARK THE ONE BEST ANSWER.

	Number	Percent
A. Yes, all are certified or endorsed	109	78.0%
B. No, all are not certified or endorsed	27	19.0%
C. Certification or endorsement is not available from state education agency	4	3.0%

n = 140

Q-15 Has your school developed a written school improvement plan that includes goals/objectives for health education? MARK THE ONE BEST ANSWER.

	Number	Percent
A. No school improvement plan	52	38.0%
B. Goals for health education are included in plan	80	58.0%
C. Goals for health education are not included in plan	6	4.0%

n = 138

Q-16 Which groups are represented on an active school or district health education advisory council or similar committee that meets at least once a year to discuss health education and related issues? MARK ALL THAT APPLY.

	Number	Percent
A. No active health education advisory council/committee	93	67.0%
B. Students	19	13.0%
C. Parents	32	20.0%
D. Teachers	45	32.0%
E. District or school administrators	39	27.0%
F. Food service staff	0	0.0%
G. School nurses	25	18.0%
H. Counselors	28	20.0%
I. School board	27	19.0%
J. Public health department	4	3.0%
K. Business community	5	3.0%
L. Medical community	19	13.0%
M. Mental health community	6	4.0%
N. Churches or other religious organizations	10	7.0%
O. Community based organizations	2	1.0%
P. Other	4	3.0%

n = 140

Q-17 Overall, how would you describe parental feedback about health education in your school during the past year? MARK THE ONE BEST ANSWER.

	Number	Percent
A. No feedback about health education during past year	70	51.0%
B. Mainly positive feedback	51	36.0%
C. Mainly negative feedback	3	2.0%
D. Equally balanced between positive and negative feedback	15	11.0%

n = 139

Q-18 How does your school try to provide reinforcement for healthy behaviors among students? MARK ALL THAT APPLY.

	Number	Percent
A. Food service that offers low-fat, low-sodium, high-fiber options	64	46.0%
B. Student counseling or psychological services	90	64.0%
C. Student health services	28	20.0%
D. Student support groups/student assistance programs	39	27.0%
E. Daily opportunities for students to participate in physical activity	90	64.0%
F. Smoke-free school policy	129	92.0%
G. Drug-free school policy	133	95.0%
H. Violence-free school policy	62	44.0%
I. Peer education or mentoring programs	30	21.0%
J. Other	3	2.0%

n = 140

Q-19 In what subjects are required HIV/AIDS education units or lessons taught in your school? MARK ALL THAT APPLY.

	Number	Percent
A. HIV/AIDS education is not required	10	7.0%
B. Health education	113	85.0%
C. Biology or other science	50	37.0%
D. Home economics	53	40.0%
E. Physical education	55	41.0%
F. Social studies	7	5.0%
G. English/communication arts	6	5.0%
H. Family life education/life skills	43	32.0%
I. Other	7	5.0%

n = 140

Q-20 In what grade(s) do students usually take required HIV/AIDS education in your school? MARK GRADES IN WHICH REQUIRED HIV/AIDS EDUCATION USUALLY IS SCHEDULED.

	Number	Percent
A. HIV/AIDS education is not required	7	5.0%
B. 6th	21	15.0%
C. 7th	47	35.0%
D. 8th	45	33.0%
E. 9th	106	77.0%
F. 10th	104	76.0%
G. 11th	18	13.0%
H. 12th	17	12.0%
I. Other	4	3.0%

n = 138

Q-21 How does your school provide HIV/AIDS education for parents? MARK ALL THAT APPLY.

	Number	Percent
A. No HIV/AIDS education is provided for parents	91	65.0%
B. Educational materials are sent home to parents	20	14.0%
C. Newsletter to parents	17	12.0%
D. School programs are provided for parents	10	7.0%
E. Through the local PTA or PTO	13	9.0%
F. Other	3	2.0%

n = 140

Q-22 Which of the following issues are addressed in your school's or district's formally adopted, written policy on HIV/AIDS? MARK ALL THAT APPLY.

	Number	Percent
A. HIV/AIDS education requirements for students	55	40.0%
B. Plans to accommodate HIV infected students and staff within school	76	56.0%
C. Teacher training in HIV/AIDS education	50	36.0%
D. Instruction for school staff on procedures for properly handling blood and body fluids (Universal Precautions)	72	53.0%
E. HIV/AIDS issues are addressed in unwritten administrative/operating procedures	38	28.0%
F. HIV/AIDS issues are not addressed	14	10.0%

n = 136

Q-23 Which grades are in your school? MARK ALL THAT APPLY.

	Number	Percent
A. 6th	35	25.0%
B. 7th	65	47.0%
C. 8th	66	48.0%
D. 9th	130	93.0%
E. 10th	131	94.0%
F. 11th	126	91.0%
G. 12th	126	91.0%
H. Other	25	18.0%

n = 139

APPENDIX B

MIDDLE SCHOOL PRINCIPALS SURVEY RESULTS

1994 SCHOOL HEALTH EDUCATION PROFILE

Questionnaire for Middle School Principals

This questionnaire was administered to 154 middle school principals in Montana during March of 1994. Responses may not total 154 due to nonresponse and percents may not total 100 percent due to rounding. Percents are weighted to reduce bias by compensating for differing patterns of nonresponse.

Q-1 Which of the following describes the placement of required health education in your school? MARK ALL THAT APPLY.

	Number	Percent
A. Separate courses devoted mainly to health education topics	40	28.0%
B. Courses divided between health education and one other subject (such as health education and physical education)	96	65.0%
C. Units or lessons in health education integrated into other subjects (such as home economics, biology or other science, or physical education)	74	49.0%
D. Other	6	4.0%

n = 149

Q-2 How many separate health education courses (not health education units or lessons integrated in other subjects) are students usually required to take in your school? MARK THE ONE BEST ANSWER.

	Number	Percent
A. No separate health education courses required	46	54.0%
B. 1 course	18	21.0%
C. 2 courses	12	14.0%
D. 3 courses	8	9.0%
E. 4 courses	2	2.0%
F. More than 4 courses	0	0.0%

n = 86

Q-3 In which grade(s) is required health education usually scheduled in your school? MARK GRADES IN WHICH REQUIRED HEALTH EDUCATION USUALLY IS SCHEDULED.

	Number	Percent
A. 6th	68	46.0%
B. 7th	135	91.0%
C. 8th	131	88.0%
D. 9th	38	26.0%
E. 10th	35	24.0%
F. 11th	1	1.0%
G. 12th	1	1.0%
H. Other	7	5.0%

n = 148

Q-4 Is health education a graduation requirement for students in your school?

	Number	Percent
A. Yes	0	0.0%
B. No	0	0.0%
C. Not applicable	0	0.0%

n = 0

Q-5 All together, approximately how much required classroom instruction in health education do students usually take in your school? MARK THE ONE BEST ANSWER.

	Number	Percent
A. Less than 1/2 year	36	25.0%
B. 1/2 year	30	21.0%
C. 1 year	32	23.0%
D. 1 1/2 years	1	8.0%
E. 2 years	14	10.0%
F. 2 1/2 years	1	1.0%
G. 3 years	10	7.0%
H. 3 1/2 years	1	1.0%
I. 4 years	2	1.0%
J. More than 4 years	3	2.0%
K. Other	3	2.0%

n = 143

Q-6 If students fail a required health education course, do they usually take the course again?

	Number	Percent
A. Yes	41	29.0%
B. No	104	71.0%

n = 145

Q-7 For which of the following reasons are students in your school allowed to be exempted or excused from required health education or parts of required health education (e.g., sex education, HIV/AIDS education)? MARK ALL THAT APPLY.

	Number	Percent
A. Students may not be exempted or excused from health education	37	28.0%
B. By competency testing or proficiency-based promotion	0	0.0%
C. By participating in other courses or activities (e.g., advanced courses, band, sports, ROTC, etc.)	3	2.0%
D. By parental request	95	65.0%
E. Other	15	10.0%

n = 148

Q-8 During this school year, approximately what percent of your students were exempted or excused from any part of required health education by parental request?

	Number	Percent
A. Students may not be exempted or excused by parental request	38	29.0%
B. Less than 1%	78	59.0%
C. 1% to 5%	10	8.0%
D. 6% to 10%	1	1.0%
E. 11% to 20%	1	1.0%
F. 21% to 50%	0	0.0%
G. More than 50%	0	0.0%
H. Don't know	4	3.0%

n = 132

Q-9 Which of the following does your school offer as elective or additional courses in health education that are not required? MARK EACH THAT IS A SEPARATE COURSE.

	Number	Percent
A. No elective or additional courses in health education	104	67.0%
B. General health education course	9	6.0%
C. Alcohol/other drug education course	23	15.0%
D. Human sexuality course	12	8.0%
E. Family life education/life skills course	26	17.0%
F. HIV/AIDS education course	13	9.0%
G. Violence prevention course	2	1.0%
H. Other	9	6.0%

n = 154

Q-10 Which of the following health education activities does your school offer in addition to class instruction? MARK ALL THAT APPLY.

	Number	Percent
A. Guest presentations/assembly programs	129	84.0%
B. Health fairs	24	16.0%
C. Youth (teen) theater	12	8.0%
D. School newspaper articles	42	27.0%
E. Peer education or mentoring	29	19.0%
F. Health education or wellness clubs	8	5.0%
G. Fitness activities for charitable organizations (e.g., Jump Rope for Heart)	76	49.0%
H. Intramural fitness activities	62	40.0%
I. Other	16	10.0%
J. No additional activities offered	8	5.0%

n = 154

Q-11 How does your school use trained peer educators (same age or older than your students) to help teach about health? MARK ALL THAT APPLY.

	Number	Percent
A. In health education classes	25	17.0%
B. In assembly programs	21	14.0%
C. In health fairs	6	4.0%
D. In discussion or support groups outside class	31	20.0%
E. Other	8	5.0%
F. My school does not use peer educators	91	60.0%

n = 151

Q-12 Who coordinates health education among teachers with health education responsibilities in your school? MARK ALL THAT APPLY.

	Number	Percent
A. No health education coordinator	44	29.0%
B. School building health education coordinator/department head	41	27.0%
C. School building general curriculum coordinator	24	16.0%
D. District health education coordinator	18	11.0%
E. District general curriculum coordinator	23	15.0%
F. Other	28	19.0%

n = 153

Q-13 How does your school or district support inservice training or staff development in health education for teachers? MARK ALL THAT APPLY.

	Number	Percent
A. No support for inservice training	14	9.0%
B. Stipend for attending training	24	16.0%
C. Reimbursement for training expenses	74	49.0%
D. Substitute teachers during training	102	66.0%
E. Inservice training offered at school or in district	83	54.0%
F. Other	10	7.0%

n = 154

Q-14 Are all teachers with responsibilities for health education in your school certified or endorsed in health education by your state education agency? MARK THE ONE BEST ANSWER.

	Number	Percent
A. Yes, all are certified or endorsed	99	64.0%
B. No, all are not certified or endorsed	51	34.0%
C. Certification or endorsement is not available from state education agency	3	2.0%

n = 153

Q-15 Has your school developed a written school improvement plan that includes goals/objectives for health education? MARK THE ONE BEST ANSWER.

	Number	Percent
A. No school improvement plan	55	37.0%
B. Goals for health education are included in plan	84	55.0%
C. Goals for health education are not included in plan	12	8.0%

n = 151

Q-16 Which groups are represented on an active school or district health education advisory council or similar committee that meets at least once a year to discuss health education and related issues? MARK ALL THAT APPLY.

	Number	Percent
A. No active health education advisory council/committee	91	59.0%
B. Students	12	8.0%
C. Parents	39	25.0%
D. Teachers	61	39.0%
E. District or school administrators	56	36.0%
F. Food service staff	5	3.0%
G. School nurses	32	21.0%
H. Counselors	38	25.0%
I. School board	32	20.0%
J. Public health department	16	10.0%
K. Business community	7	4.0%
L. Medical community	19	12.0%
M. Mental health community	5	3.0%
N. Churches or other religious organizations	11	7.0%
O. Community based organizations	5	3.0%
P. Other	3	2.0%

n = 154

Q-17 Overall, how would you describe parental feedback about health education in your school during the past year? MARK THE ONE BEST ANSWER.

	Number	Percent
A. No feedback about health education during past year	64	43.0%
B. Mainly positive feedback	77	49.0%
C. Mainly negative feedback	4	3.0%
D. Equally balanced between positive and negative feedback	8	5.0%

n = 153

Q-18 How does your school try to provide reinforcement for healthy behaviors among students? MARK ALL THAT APPLY.

	Number	Percent
A. Food service that offers low-fat, low-sodium, high-fiber options	54	35.0%
B. Student counseling or psychological services	87	57.0%
C. Student health services	39	25.0%
D. Student support groups/student assistance programs	41	26.0%
E. Daily opportunities for students to participate in physical activity	108	71.0%
F. Smoke-free school policy	137	89.0%
G. Drug-free school policy	143	93.0%
H. Violence-free school policy	71	46.0%
I. Peer education or mentoring programs	29	19.0%
J. Other	5	3.0%

n = 154

Q-19 In what subjects are required HIV/AIDS education units or lessons taught in your school? MARK ALL THAT APPLY.

	Number	Percent
A. HIV/AIDS education is not required	13	1.0%
B. Health education	110	75.0%
C. Biology or other science	44	30.0%
D. Home economics	28	19.0%
E. Physical education	41	28.0%
F. Social studies	3	2.0%
G. English/communication arts	2	1.0%
H. Family life education/life skills	26	18.0%
I. Other	8	5.0%

n = 140

Q-20 In what grade(s) do students usually take required HIV/AIDS education in your school? MARK GRADES IN WHICH REQUIRED HIV/AIDS EDUCATION USUALLY IS SCHEDULED.

	Number	Percent
A. HIV/AIDS education is not required	13	9.0%
B. 6th	44	29.0%
C. 7th	107	71.0%
D. 8th	103	68.0%
E. 9th	36	25.0%
F. 10th	38	26.0%
G. 11th	9	6.0%
H. 12th	8	6.0%
I. Other	1	1.0%

n = 133

Q-19 In what subjects are required HIV/AIDS education units or lessons taught in your school? MARK ALL THAT APPLY.

	Number	Percent
A. HIV/AIDS education is not required	13	1.0%
B. Health education	110	75.0%
C. Biology or other science	44	30.0%
D. Home economics	28	19.0%
E. Physical education	41	28.0%
F. Social studies	3	2.0%
G. English/communication arts	2	1.0%
H. Family life education/life skills	26	18.0%
I. Other	8	5.0%

n = 140

Q-20 In what grade(s) do students usually take required HIV/AIDS education in your school? MARK GRADES IN WHICH REQUIRED HIV/AIDS EDUCATION USUALLY IS SCHEDULED.

	Number	Percent
A. HIV/AIDS education is not required	13	9.0%
B. 6th	44	29.0%
C. 7th	107	71.0%
D. 8th	103	68.0%
E. 9th	36	25.0%
F. 10th	38	26.0%
G. 11th	9	6.0%
H. 12th	8	6.0%
I. Other	1	1.0%

Q-21 How does your school provide HIV/AIDS education for parents? MARK ALL THAT APPLY.

	Number	Percent
A. No HIV/AIDS education is provided for parents	94	61.0%
B. Educational materials are sent home to parents	33	21.0%
C. Newsletter to parents	15	10.0%
D. School programs are provided for parents	16	10.0%
E. Through the local PTA or PTO	19	12.0%
F. Other	10	6.0%

n = 154

Q-22 Which of the following issues are addressed in your school's or district's formally adopted, written policy on HIV/AIDS? MARK ALL THAT APPLY.

	Number	Percent
A. HIV/AIDS education requirements for students	75	49.0%
B. Plans to accommodate HIV infected students and staff within school	81	53.0%
C. Teacher training in HIV/AIDS education	67	44.0%
D. Instruction for school staff on procedures for properly handling blood and body fluids (Universal Precautions)	93	61.0%
E. HIV/AIDS issues are addressed in unwritten administrative/operating procedures	43	29.0%
F. HIV/AIDS issues are not addressed	8	5.0%

n = 152

Q-23 Which grades are in your school? MARK ALL THAT APPLY.

	Number	Percent
A. 6th	105	69.0%
B. 7th	143	93.0%
C. 8th	144	94.0%
D. 9th	34	23.0%
E. 10th	33	22.0%
F. 11th	31	21.0%
G. 12th	30	20.0%
H. Other	19	13.0%

n = 153

APPENDIX C

HIGH SCHOOL LEAD HEALTH TEACHERS SURVEY RESULTS

1994 SCHOOL HEALTH EDUCATION PROFILE

Questionnaire for Lead Health Education High School Teachers

This questionnaire was administered to 134 lead health education high school teachers in Montana during March of 1994. Responses may not total 134 due to non-responses and percents may not total 100 percent due to rounding. Percents are weighted to reduce bias by compensating for differing patterns of nonresponse.

Q-1 What is your primary position in your school? MARK THE ONE BEST ANSWER.

	Number	Percent
A. Health education teacher	22	17.0%
B. Physical education teacher	60	49.0%
C. Biology/science teacher	4	3.0%
D. Home economics teacher	11	9.0%
E. Family life education/life skills teacher	0	0.0%
F. School counselor	5	4.0%
G. School nurse	1	1.0%
H. Coach/athletic trainer	0	0.0%
I. Other	19	16.0%

n = 122

Q-2 Are you currently certified or endorsed to teach health education in the grades you now teach by your state education agency?

	Number	Percent
A. Yes, I am certified or endorsed in health education	118	90.0%
B. No, I am not certified or endorsed in health education	12	10.0%
C. Certification or endorsement in health education is not available from my state education agency	1	1.0%

n = 131

Q-3 What was the major emphasis of your professional preparation?

	Number	Percent
A. Health education	7	6.0%
B. Physical education	71	61.0%
C. Biology/science	2	2.0%
D. Home economics	9	8.0%
E. Nursing	1	1.0%
F. Counseling	3	3.0%
G. Other	23	20.0%

n = 116

Q-4 Including this school year, how many years have you been teaching health education?

	Number	Percent
A. First year	15	11.0%
B. 2 to 5 years	32	24.0%
C. 6 to 9 years	23	17.0%
D. 10 to 14 years	28	21.0%
E. 15 years or more	36	26.0%

n = 134

Q-5 Including this school year, how many years of overall teaching experience have you had, including subjects other than health education?

	Number	Percent
A. First year	6	5.0%
B. 2 to 5 years	25	19.0%
C. 6 to 9 years	18	14.0%
D. 10 to 14 years	24	18.0%
E. 15 years or more	59	44.0%

n = 132

Q-6 What is the average class size for your health education courses or units?

	Number	Percent
A. Less than 10 students	3	2.0%
B. 10-14 students	20	15.0%
C. 15-19 students	30	23.0%
D. 20-24 students	35	26.0%
E. 25-29 students	33	23.0%
F. 30-34 students	11	8.0%
G. 35-39 students	1	1.0%
H. 40 or more students	1	1.0%

n = 134

Q-7 Do you teach health education courses or units that are required for students attending your school?

	Number	Percent
A. Yes	115	99.0%
B. No	1	1.0%

n = 116

Q-8 Which of the following describes the placement of the required health education that you teach? MARK ALL THAT APPLY.

	Number	Percent
A. I do not teach required health education	4	3.0%
B. Separate courses devoted mainly to health education topics	32	26.0%
C. Courses divided between health education and one other subject (such as health education and physical education)	88	74.0%
D. Units or lessons in health education integrated into other subjects (such as home economics, biology or other science, or physical education).	34	29.0%
E. Other	2	1.0%

n = 134

Q-9 Which of the following elective or additional courses about health do you teach? MARK EACH SEPARATE COURSE THAT YOU TEACH.

	Number	Percent
A. I do not teach elective or additional courses about health	69	52.0%
B. General health education course	38	29.0%
C. Alcohol/other drug education course	44	33.0%
D. Human sexuality course	35	26.0%
E. Family life education/life skills course	31	23.0%
F. HIV/AIDS education course	44	34.0%
G. Violence prevention course	17	13.0%
H. Other	15	11.0%

n = 132

Q-10 Which of the following materials do you use to plan your health education lessons? MARK ALL THAT APPLY.

	Number	Percent
A. State guidelines or framework for health education	67	50.0%
B. State curriculum guide	54	40.0%
C. District guidelines or framework	53	39.0%
D. District curriculum guide	64	47.0%
E. School guidelines or framework	49	36.0%
F. School curriculum guide	53	39.0%
G. Commercially developed health education materials	78	59.0%
H. Other	7	5.0%
I. I do not use materials to plan my lessons	2	2.0%

n = 134

Q-11 How do you involve parents in your health education classes? MARK ALL THAT APPLY.

	Number	Percent
A. Homework assignments that include parents	47	35.0%
B. Parents invited to attend class	25	18.0%
C. Parents invited as guest speakers	21	15.0%
D. Educational materials sent home to parents	34	25.0%
E. Letters or newsletters to parents	38	28.0%
F. Other	10	7.0%
G. Parents are not involved in my health education classes	45	34.0%

n = 134

Q-12 On which topics do you teach to increase students' knowledge about healthy behaviors? (Teaching methods might include lecture, guest speakers, textbook assignments, class discussions, videotapes, films, brainstorming, or a question box.) MARK ALL THAT APPLY.

	Number	Percent
A. Injury prevention and safety	109	81.0%
B. Violence prevention	57	42.0%
C. Suicide prevention	74	55.0%
D. Tobacco use prevention	119	89.0%
E. Alcohol and other drug use prevention	125	93.0%
F. Pregnancy prevention	79	58.0%
G. HIV prevention	111	83.0%
H. Other sexually transmitted disease (STD) prevention	100	74.0%
I. Dietary Behavior	103	76.0%
J. Physical activity	112	83.0%
K. Other	24	18.0%
L. None of the above	0	0.0%

n = 134

Q-13 On which topics do you teach to improve students' attitudes toward healthy behaviors? (Teaching methods might include small group discussions, role play, exploration of social norms, games and class exercises to personalize risk assessment, or peer instruction.) MARK ALL THAT APPLY.

	Number	Percent
A. Injury prevention and safety	87	66.0%
B. Violence prevention	50	37.0%
C. Suicide prevention	69	51.0%
D. Tobacco use prevention	112	84.0%
E. Alcohol and other drug use prevention	115	87.0%
F. Pregnancy prevention	76	57.0%
G. HIV prevention	108	81.0%
H. Other (STD) prevention	93	70.0%
I. Dietary behavior	97	72.0%
J. Physical activity	115	86.0%
K. Other	17	12.0%
L. I do not teach about attitudes	1	1.0%

n = 133

Q-14 On which topics do you teach skills to increase healthy behaviors? (Teaching methods might include role play, teacher-led demonstrations of skills, exercises to allow individual and group skills practice, group exercises to identify risky situations and alternatives, or assignments to practice skills outside class.) MARK ALL THAT APPLY.

	Number	Percent
A. Injury prevention and safety	93	71.0%
B. Violence prevention	42	31.0%
C. Suicide prevention	55	41.0%
D. Tobacco use prevention	94	71.0%
E. Alcohol and other drug use prevention	103	78.0%
F. Pregnancy prevention	63	47.0%
G. HIV prevention	88	66.0%
H. Other STD prevention	76	57.0%
I. Dietary behavior	80	60.0%
J. Physical activity	107	81.0%
K. Other	16	12.0%
L. I do not teach skills	5	4.0%

n = 132

Q-15 During the past two years, on which topics have you received four or more hours (at least 1/2 day) of inservice training? MARK ALL THAT APPLY.

	Number	Percent
A. Injury prevention and safety	58	44.0%
B. Violence prevention	15	11.0%
C. Suicide prevention	25	19.0%
D. Tobacco use prevention	23	17.0%
E. Alcohol and other drug use prevention	45	34.0%
F. Pregnancy prevention	13	10.0%
G. HIV prevention	78	58.0%
H. Other STD prevention	30	22.0%
I. Dietary behavior	19	14.0%
J. Physical activity	39	29.0%
K. Other	7	5.0%
L. No inservice training	25	19.0%

n = 134

Q-16 On which topics would you like to attend inservice training? MARK ALL THAT APPLY.

	Number	Percent
A. Injury prevention and safety	35	27.0%
B. Violence prevention	63	47.0%
C. Suicide prevention	66	50.0%
D. Tobacco use prevention	38	29.0%
E. Alcohol and other drug use prevention	41	31.0%
F. Pregnancy prevention	49	37.0%
G. HIV prevention	43	33.0%
H. Other STD prevention	38	29.0%
I. Dietary behavior	66	50.0%
J. Physical activity	40	30.0%
K. Other	4	3.0%
L. None of the above	7	5.0%

n = 133

Q-17 During this school year, on which topics has parental feedback caused you to expand the content that you cover in health education? MARK ALL THAT APPLY.

	Number	Percent
A. No feedback	61	46.0%
B. Injury prevention and safety	5	4.0%
C. Violence prevention	10	7.0%
D. Suicide prevention	4	3.0%
E. Tobacco use prevention	7	5.0%
F. Alcohol and other drug use prevention	15	11.0%
G. Pregnancy prevention	24	18.0%
H. HIV prevention	21	15.0%
I. Other STD prevention	14	10.0%
J. Dietary behavior	9	7.0%
K. Physical activity	9	7.0%
L. Other	2	1.0%
M. Content not expanded	25	19.0%

n = 133

Q-18 During this school year, on which topics has parental feedback caused you to restrict the content that you cover in health education? MARK ALL THAT APPLY.

	Number	Percent
A. No feedback	60	46.0%
B. Injury prevention and safety	0	0.0%
C. Violence prevention	1	1.0%
D. Suicide prevention	2	2.0%
E. Tobacco use prevention	0	0.0%
F. Alcohol and other drug use prevention	0	0.0%
G. Pregnancy prevention	21	17.0%
H. HIV prevention	15	12.0%
I. Other STD prevention	11	9.0%
J. Dietary behavior	0	0.0%
K. Physical activity	0	0.0%
L. Other	2	2.0%
M. Content not restricted	49	37.0%

n = 130

Q-19 During this school year, with what teachers have you planned or coordinated health education in your school or district? MARK ALL THAT APPLY.

	Number	Percent
A. With other health education teachers in my school	60	43.0%
B. With other subject area teachers in my school	47	35.0%
C. With health education teachers at other schools in my district	32	23.0%
D. With subject area teachers at other schools in my district	11	8.0%
E. Other	21	16.0%
F. I have not planned or coordinated health education with other teachers	28	22.0%

n = 134

Q-20 During this school year, with which of the following have you conducted joint projects in health education? MARK ALL THAT APPLY.

	Number	Percent
A. Physical education	65	49.0%
B. School food service	4	3.0%
C. School health service	10	7.0%
D. School counseling/psychological services	30	22.0%
E. Staff health promotion	8	6.0%
F. Parent health promotion	4	3.0%
G. Community health promotion	25	18.0%
H. Other	8	6.0%
I. I have not conducted joint projects	39	30.0%

n = 133

Q-21 How are you involved in making referrals for community services? MARK ALL THAT APPLY.

	Number	Percent
A. I refer students for needed social services	40	30.0%
B. I refer students for needed mental health services	31	23.0%
C. I refer students for needed medical services	48	36.0%
D. Other	15	11.0%
E. I am not involved in making referrals	61	46.0%

n = 133

Q-22 What do you teach about HIV/AIDS in your classes? MARK ALL THAT APPLY.

	Number	Percent
A. I do not teach about HIV/AIDS	3	2.0%
B. Basic facts and statistics about HIV/AIDS	121	90.0%
C. Knowledge about needle sharing behaviors that transmit HIV	109	81.0%
D. Knowledge about sexual behaviors that transmit HIV	111	82.0%
E. Reasons for choosing sexual abstinence	108	80.0%
F. Effectiveness of condoms	88	65.0%
G. Correct use of condoms	44	32.0%
H. Influence of alcohol and drugs on HIV risk behaviors	108	80.0%
I. Social norms related to HIV risk behaviors	76	56.0%
J. Decision-making skills to avoid HIV risk behaviors	103	76.0%
K. Communication skills to avoid HIV risk behaviors	87	64.0%
L. Skills to obtain HIV testing and counseling	75	55.0%
M. Compassion and support for persons living with HIV/AIDS	59	44.0%
N. Perceptions of vulnerability to HIV/AIDS	74	54.0%
O. Sexual orientation issues	51	38.0%
P. Societal impact of HIV/AIDS	69	51.0%
Q. Other	3	2.0%

n = 134

Q-23 Is the HIV/AIDS education you teach required for students attending your school?

	Number	Percent
A. Yes	76	62.0%
B. No	45	38.0%

n = 121

Q-24 Approximately how many total class periods do you teach about HIV/AIDS in any one course? MARK THE ONE BEST ANSWER.

	Number	Percent
A. Less than one class period	1	1.0%
B. 1 class period	8	7.0%
C. 2-3 class periods	38	32.0%
D. 4-5 class periods	37	30.0%
E. 6-10 class periods	27	21.0%
F. 10-15 class periods	10	8.0%
G. More than 15 class periods	1	1.0%

n = 122

Q-25 What makes teaching about HIV/AIDS difficult for you? MARK ALL THAT APPLY.

	Number	Percent
A. No difficulties	47	38.0%
B. Insufficient training	31	26.0%
C. Insufficient teaching materials	26	22.0%
D. Uncomfortable teaching about HIV risk behaviors	14	12.0%
E. Other demands on class time	29	24.0%
F. Parental concern or opposition	29	24.0%
G. Community concern or opposition	21	18.0%
H. Insufficient administrative support	1	1.0%
I. Low student interest or enthusiasm	17	14.0%
J. Other	3	3.0%

n = 122

APPENDIX D

MIDDLE SCHOOL LEAD HEALTH TEACHERS SURVEY RESULTS

1994 SCHOOL HEALTH EDUCATION PROFILE

Questionnaire for Lead Health Education Middle School Teachers

This questionnaire was administered to 128 lead health education middle school teachers in Montana during March of 1994. Responses may not total 128 due to non-responses and percents may not total 100 percent due to rounding. Percents are weighted to reduce bias by compensating for differing patterns of nonresponse.

Q-1 What is your primary position in your school? MARK THE ONE BEST ANSWER.

	Number	Percent
A. Health education teacher	17	13.0%
B. Physical education teacher	41	35.0%
C. Biology/science teacher	11	10.0%
D. Home economics teacher	4	4.0%
E. Family life education/life skills teacher	0	0.0%
F. School counselor	4	4.0%
G. School nurse	4	4.0%
H. Coach/athletic trainer	0	0.0%
I. Other	38	32.0%

n = 119

Q-2 Are you currently certified or endorsed to teach health education in the grades you now teach by your state education agency?

	Number	Percent
A. Yes, I am certified or endorsed in health education	102	82.0%
B. No, I am not certified or endorsed in health education	22	18.0%
C. Certification or endorsement in health education is not available from my state education agency	0	0.0%

n = 124

Q-3 What was the major emphasis of your professional preparation?

	Number	Percent
A. Health education	2	2.0%
B. Physical education	58	52.0%
C. Biology/science	9	8.0%
D. Home economics	4	4.0%
E. Nursing	4	4.0%
F. Counseling	3	3.0%
G. Other	29	27.0%

n = 109

Q-4 Including this school year, how many years have you been teaching health education?

	Number	Percent
A. First year	9	7.0%
B. 2 to 5 years	39	31.0%
C. 6 to 9 years	24	19.0%
D. 10 to 14 years	31	25.0%
E. 15 years or more	24	18.0%

n = 127

Q-5 Including this school year, how many years of overall teaching experience have you had, including subjects other than health education?

	Number	Percent
A. First year	3	2.0%
B. 2 to 5 years	25	21.0%
C. 6 to 9 years	15	12.0%
D. 10 to 14 years	23	18.0%
E. 15 years or more	60	47.0%

n = 126

Q-6 What is the average class size for your health education courses or units?

	Number	Percent
A. Less than 10 students	5	4.0%
B. 10-14 students	13	11.0%
C. 15-19 students	25	21.0%
D. 20-24 students	34	26.0%
E. 25-29 students	37	28.0%
F. 30-34 students	8	6.0%
G. 35-39 students	2	2.0%
H. 40 or more students	4	3.0%

n = 128

Q-7 Do you teach health education courses or units that are required for students attending your school?

	Number	Percent
A. Yes	110	95.0%
B. No	6	5.0%

n = 116

Q-8 Which of the following describes the placement of the required health education that you teach? MARK ALL THAT APPLY.

	Number	Percent
A. I do not teach required health education	7	5.0%
B. Separate courses devoted mainly to health education topics	42	35.0%
C. Courses divided between health education and one other subject (such as health education and physical education)	70	59.0%
D. Units or lessons in health education integrated into other subjects (such as home economics, biology or other science, or physical education).	37	31.0%
E. Other	6	5.0%

n = 128

Q-9 Which of the following elective or additional courses about health do you teach? MARK EACH SEPARATE COURSE THAT YOU TEACH.

	Number	Percent
A. I do not teach elective or additional courses about health	50	39.0%
B. General health education course	51	39.0%
C. Alcohol/other drug education course	59	46.0%
D. Human sexuality course	36	28.0%
E. Family life education/life skills course	37	29.0%
F. HIV/AIDS education course	47	37.0%
G. Violence prevention course	10	8.0%
H. Other	15	12.0%

n = 128

Q-10 Which of the following materials do you use to plan your health education lessons? MARK ALL THAT APPLY.

	Number	Percent
A. State guidelines or framework for health education	60	47.0%
B. State curriculum guide	43	33.0%
C. District guidelines or framework	54	40.0%
D. District curriculum guide	68	51.0%
E. School guidelines or framework	43	35.0%
F. School curriculum guide	49	38.0%
G. Commercially developed health education materials	84	66.0%
H. Other	14	11.0%
I. I do not use materials to plan my lessons	2	2.0%

n = 128

Q-11 How do you involve parents in your health education classes? MARK ALL THAT APPLY.

	Number	Percent
A. Homework assignments that include parents	54	40.0%
B. Parents invited to attend class	31	23.0%
C. Parents invited as guest speakers	30	22.0%
D. Educational materials sent home to parents	41	33.0%
E. Letters or newsletters to parents	43	32.0%
F. Other	17	13.0%
G. Parents are not involved in my health education classes	39	32.0%

n = 128

Q-12 On which topics do you teach to increase students' knowledge about healthy behaviors? (Teaching methods might include lecture, guest speakers, textbook assignments, class discussions, videotapes, films, brainstorming, or a question box.) MARK ALL THAT APPLY.

	Number	Percent
A. Injury prevention and safety	86	66.0%
B. Violence prevention	48	36.0%
C. Suicide prevention	64	48.0%
D. Tobacco use prevention	110	86.0%
E. Alcohol and other drug use prevention	111	86.0%
F. Pregnancy prevention	66	52.0%
G. HIV prevention	99	77.0%
H. Other sexually transmitted disease (STD) prevention	78	61.0%
I. Dietary Behavior	93	72.0%
J. Physical activity	108	84.0%
K. Other	20	15.0%
L. None of the above	0	0.0%

n = 128

Q-13 On which topics do you teach to improve students' attitudes toward healthy behaviors? (Teaching methods might include small group discussions, role play, exploration of social norms, games and class exercises to personalize risk assessment, or peer instruction.) MARK ALL THAT APPLY.

	Number	Percent
A. Injury prevention and safety	68	54.0%
B. Violence prevention	44	34.0%
C. Suicide prevention	60	47.0%
D. Tobacco use prevention	110	86.0%
E. Alcohol and other drug use prevention	116	91.0%
F. Pregnancy prevention	58	46.0%
G. HIV prevention	92	72.0%
H. Other (STD) prevention	77	61.0%
I. Dietary behavior	89	70.0%
J. Physical activity	108	85.0%
K. Other	14	11.0%
L. I do not teach about attitudes	1	1.0%

n = 127

Q-14 On which topics do you teach skills to increase healthy behaviors? (Teaching methods might include role play, teacher-led demonstrations of skills, exercises to allow individual and group skills practice, group exercises to identify risky situations and alternatives, or assignments to practice skills outside class.) MARK ALL THAT APPLY.

	Number	Percent
A. Injury prevention and safety	76	59.0%
B. Violence prevention	40	30.0%
C. Suicide prevention	51	39.0%
D. Tobacco use prevention	104	81.0%
E. Alcohol and other drug use prevention	108	84.0%
F. Pregnancy prevention	52	41.0%
G. HIV prevention	80	62.0%
H. Other STD prevention	65	51.0%
I. Dietary behavior	74	57.0%
J. Physical activity	97	75.0%
K. Other	14	10.0%
L. I do not teach skills	2	2.0%

n = 128

Q-15 During the past two years, on which topics have you received four or more hours (at least 1/2 day) of inservice training? MARK ALL THAT APPLY.

	Number	Percent
A. Injury prevention and safety	44	34.0%
B. Violence prevention	13	10.0%
C. Suicide prevention	19	15.0%
D. Tobacco use prevention	29	23.0%
E. Alcohol and other drug use prevention	50	40.0%
F. Pregnancy prevention	15	12.0%
G. HIV prevention	86	66.0%
H. Other STD prevention	38	29.0%
I. Dietary behavior	19	15.0%
J. Physical activity	29	23.0%
K. Other	7	6.0%
L. No inservice training	23	19.0%

n = 127

Q-16 On which topics would you like to attend inservice training? MARK ALL THAT APPLY.

	Number	Percent
A. Injury prevention and safety	45	35.0%
B. Violence prevention	77	60.0%
C. Suicide prevention	74	58.0%
D. Tobacco use prevention	48	37.0%
E. Alcohol and other drug use prevention	55	43.0%
F. Pregnancy prevention	52	41.0%
G. HIV prevention	61	48.0%
H. Other STD prevention	51	40.0%
I. Dietary behavior	68	53.0%
J. Physical activity	65	50.0%
K. Other	11	9.0%
L. None of the above	8	6.0%

n = 127

Q-17 During this school year, on which topics has parental feedback caused you to expand the content that you cover in health education? MARK ALL THAT APPLY.

	Number	Percent
A. No feedback	62	50.0%
B. Injury prevention and safety	7	5.0%
C. Violence prevention	3	2.0%
D. Suicide prevention	3	2.0%
E. Tobacco use prevention	10	7.0%
F. Alcohol and other drug use prevention	10	8.0%
G. Pregnancy prevention	15	12.0%
H. HIV prevention	22	17.0%
I. Other STD prevention	14	10.0%
J. Dietary behavior	10	8.0%
K. Physical activity	6	5.0%
L. Other	4	3.0%
M. Content not expanded	34	27.0%

n = 126

Q-18 During this school year, on which topics has parental feedback caused you to restrict the content that you cover in health education? MARK ALL THAT APPLY.

	Number	Percent
A. No feedback	67	53.0%
B. Injury prevention and safety	0	0.0%
C. Violence prevention	0	0.0%
D. Suicide prevention	2	2.0%
E. Tobacco use prevention	1	1.0%
F. Alcohol and other drug use prevention	3	2.0%
G. Pregnancy prevention	17	13.0%
H. HIV prevention	15	11.0%
I. Other STD prevention	11	8.0%
J. Dietary behavior	0	0.0%
K. Physical activity	2	2.0%
L. Other	4	3.0%
M. Content not restricted	40	32.0%

n = 128

Q-19 During this school year, with what teachers have you planned or coordinated health education in your school or district? MARK ALL THAT APPLY.

	Number	Percent
A. With other health education teachers in my school	58	45.0%
B. With other subject area teachers in my school	53	42.0%
C. With health education teachers at other schools in my district	32	24.0%
D. With subject area teachers at other schools in my district	14	11.0%
E. Other	14	11.0%
F. I have not planned or coordinated health education with other teachers	29	23.0%

n = 128

Q-20 During this school year, with which of the following have you conducted joint projects in health education? MARK ALL THAT APPLY.

	Number	Percent
A. Physical education	62	48.0%
B. School food service	13	11.0%
C. School health services	19	15.0%
D. School counseling/psychological services	33	25.0%
E. Staff health promotion	13	10.0%
F. Parent health promotion	8	6.0%
G. Community health promotion	27	22.0%
H. Other	5	4.0%
I. I have not conducted joint projects	40	33.0%

n = 126

Q-21 How are you involved in making referrals for community services? MARK ALL THAT APPLY.

	Number	Percent
A. I refer students for needed social services	55	44.0%
B. I refer students for needed mental health services	38	31.0%
C. I refer students for needed medical services	50	40.0%
D. Other	22	17.0%
E. I am not involved in making referrals	45	35.0%

n = 126

Q-22 What do you teach about HIV/AIDS in your classes? MARK ALL THAT APPLY.

	Number	Percent
A. I do not teach about HIV/AIDS	14	12.0%
B. Basic facts and statistics about HIV/AIDS	108	84.0%
C. Knowledge about needle sharing behaviors that transmit HIV	95	74.0%
D. Knowledge about sexual behaviors that transmit HIV	91	70.0%
E. Reasons for choosing sexual abstinence	88	67.0%
F. Effectiveness of condoms	57	43.0%
G. Correct use of condoms	19	15.0%
H. Influence of alcohol and drugs on HIV risk behaviors	89	68.0%
I. Social norms related to HIV risk behaviors	64	50.0%
J. Decision-making skills to avoid HIV risk behaviors	87	67.0%
K. Communication skills to avoid HIV risk behaviors	72	55.0%
L. Skills to obtain HIV testing and counseling	44	33.0%
M. Compassion and support for persons living with HIV/AIDS	57	44.0%
N. Perceptions of vulnerability to HIV/AIDS	54	41.0%
O. Sexual orientation issues	30	23.0%
P. Societal impact of HIV/AIDS	68	52.0%
Q. Other	5	4.0%

n = 128

Q-23 Is the HIV/AIDS education you teach required for students attending your school?

	Number	Percent
A. Yes	53	48.0%
B. No	54	52.0%

n = 107

Q-24 Approximately how many total class periods do you teach about HIV/AIDS in any one course? MARK THE ONE BEST ANSWER.

	Number	Percent
A. Less than one class period	2	2.0%
B. 1 class period	13	12.0%
C. 2-3 class periods	28	26.0%
D. 4-5 class periods	41	38.0%
E. 6-10 class periods	16	15.0%
F. 10-15 class periods	5	5.0%
G. More than 15 class periods	3	3.0%

n = 108

Q-25 What makes teaching about HIV/AIDS difficult for you? MARK ALL THAT APPLY.

	Number	Percent
A. No difficulties	48	43.0%
B. Insufficient training	19	18.0%
C. Insufficient teaching materials	20	19.0%
D. Uncomfortable teaching about HIV risk behaviors	9	9.0%
E. Other demands on class time	35	33.0%
F. Parental concern or opposition	22	21.0%
G. Community concern or opposition	18	17.0%
H. Insufficient administrative support	2	2.0%
I. Low student interest or enthusiasm	8	8.0%
J. Other	9	9.0%

n = 108



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